

FORM COMP.A.A.


(See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv))

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

Name of the Police Station	:-	Dahanu
Cr/No.Tar/No. SEC No.	:-	I 179/18 IPC 279,337,338.MV Act 187,134,a.b
Date Time and place of the accidents	:-	03/11/19 time-04.15 At - Saravali Savata Hat samor on the road Tal-DahanuDist-Palghar.
Name of the Injured/deceased	:-	Yogendar Parshnath Tivari
Name of the Hospital to whiche he/she was removed	:-	Kasaturba Vaidyakiya Rahat Mandal Valsad
Number of vehicle and types of the vehicle	:-	1) Motar Car Alto No MH-48AK-3530
Name and address of the driver of the vehicle with particulars driving license of the said driver driver and the address of the issuing Authority of the said Driving License, the number of the Badge in case of Publice Service Vehicle and the address of the issuing Authority of the saidBadge?	:-	Driver- Kunal Pramod Macchi Obie Age-28Y At/Post Vadkun Patilpada DIST.palghar. License Authority-Rto Vasai, thane License no.MH4820150002522
Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	1) Nitesh Pramod Machhi Ag 32 At. At/Post Vadkun Patilpada DIST.palghar.
Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	1) Bajaj Allianz General Insurance Co.LTD
No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	1) Og-20-9910-1801-00087229
Action taken if any and the result there of.	:-	Police investigation

NB:- This form Should accompany with all the necessary document viz (i) FIR, (2) Panchnama, (3) Medical Certificate

Date:-


INSPECTOR OF POLICE
DAHANU POLICE STATION